

Social Security Number Attestation Form

Name:				
Address:				
SSN:				
Exam Name:				
security number	ons and licensures in the state of Ok that will be transmitted to the certicial security number using the follow rovided is accurate.	ifying/licensing a	gency. If you	are unable to provide
Acceptable Proc	of of Social Security Number:			
Letter frW-2	ecurity Card rom Social Security Administration Tax Return			
Attestation: I att	test that to the best of my knowledg	e the informatio	n provided a	bove is true and
Your Signature			,	Date (mm/dd/yyyy)

Name (type or print)